




# KANSAS DEPARTMENT OF CORRECTIONS

	<b>INTERNAL MANAGEMENT POLICY AND PROCEDURE</b>	<b>SECTION NUMBER</b>  <b>10-105</b>	<b>PAGE NUMBER</b>  <b>1 of 4</b>
		<b>SUBJECT:</b>  <b>PROGRAMS AND SERVICES: Suicide Prevention Programs</b>	
<b>Approved By:</b>  <b>Secretary of Corrections</b>		<b>Original Date Issued:</b> <b>08-20-90</b>	
		<b>Current Amendment Effective:</b> <b>06-04-10</b>	
		<b>Replaces Amendment Issued:</b> <b>11-07-05</b>	
<b>Reissued By:</b>  <b>Policy &amp; Procedure Coordinator</b>		The substantive content of this IMPP has been reissued as per the appropriate provisions of IMPP 01-101. The only modifications within the reissue of this document concern technical revisions of a non substantive nature.  <b>Date Reissued:</b> <b>07-15-11</b>	

## POLICY

A written suicide prevention and intervention program, which has been reviewed and approved by qualified medical and mental health professionals, shall be established by the Departmental Health Authority. (ACO 2-4E-01 ACI 4-4373). The program components shall include methods for the identification, monitoring, and housing of potentially suicidal inmates; referrals to mental health providers; communication between health care and facility staff; intervention/response techniques; notification procedures; and reporting and review procedures. NCCHC P-G-05

To ensure the implementation of such programs, all staff with responsibility for inmate supervision shall be trained to recognize behavioral and verbal signs, which might indicate suicide potential. (ACI4-4373) The training curriculum shall be developed with input from facility staff and approved by the facility health authority and the warden.

## DEFINITIONS

Departmental Health Authority: The medical director of the agency responsible for the provision of health care services for the Kansas Department of Corrections.

Observation: The inmate and the inmate's movement are observed as prescribed by a written plan outlined by the health authority. Observation may be in person or by way of closed circuit television monitor and shall be by correctional staff. Documentation is completed at least once every fifteen (15) minutes.

Standard precautions: An approach to infection control based on the concept that all human blood and certain human body fluids are treated as if known to be infectious for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and other blood borne pathogens.

## PROCEDURES

### **I. Establishment of a Suicide Prevention Program (ACI 3-4364 NCCHC P-G-05)**

- A. The Departmental Health Authority shall develop a written program for identifying and responding to suicidal individuals. Such programs shall include the following elements:
  1. Identification: Screening of newly received inmates shall be completed upon arrival and include observation and interview items related to the inmate's potential suicide

risk, per IMPP 10-117. (ACO 2-4F-01) A follow-up evaluation shall be completed within 8 hours on all positive findings identified from the mental health screening intake form.

2. Training: Procedure for training staff members in verbal and behavioral cues that indicate potential suicide, per IMPP 03-104. NCCHC P-C-04
3. Assessment/Evaluation: Procedures whereby qualified mental health professionals designate the inmate's status with regard to suicidal activity.
4. Monitoring: Procedures for monitoring an inmate who has been identified as potentially suicidal.
5. Housing: Procedures for housing inmates in accordance with the degree of risk and available staff, per IMPP 10-117.
6. Referral: Procedures for referring potentially suicidal inmates and attempted suicides to mental health care providers or facilities.
7. Communications: Procedures for communicating between health care and correctional personnel regarding the status of the inmate.
8. Intervention/Response: Procedures for handling a suicide in progress, including how to cut down a hanging victim, administering other first aid measures, and use of universal precautions.
9. Notification: Procedures for notifying appropriate staff, outside authorities, and family members of suicides or attempted suicides which shall be in accordance with IMPP 01-114 and IMPP 10-123. (ACO 2-4E-01)
10. Reporting: Procedures for documenting the identification and monitoring of potential or attempted suicides.
11. Incident Review: Procedures for medical and administrative review should a suicide occur.
12. Critical Incident Debriefing: Procedures for offering critical incident debriefing to all affected personnel and inmates involved in responding to and/or observing a suicide in progress. NCCHC P-G-05

## **II. Training of Staff Responsible for the Implementation of Suicide Prevention and Intervention Program**

- A. The warden shall identify those staff positions requiring training in the suicide prevention program, in accordance with IMPP 03-104.
  1. Such training shall be completed within 90 days of the employee's appointment.
- B. Tentative identification of a potentially suicidal inmate may be made by any staff member of the facility.

## **III. Intervention Referral of Potentially Suicidal Inmates**

- A. Staff shall immediately refer to the unit team manager any inmate who exhibits behavior, which is suggestive of potential suicide.
  1. The unit team manager shall arrange for an immediate evaluation by a qualified health care professional.

2. Pending evaluation, the inmate shall be kept under observation.
- B. If the unit team manager is not available, referral shall be to the shift supervisor who shall arrange for immediate evaluation by a qualified health care professional.
- C. An inmate who has attempted suicide shall receive immediate medical attention.
  1. After emergency medical treatment is completed, a mental health professional shall perform an immediate evaluation.
  2. Pending evaluation, the health care staff shall be contacted to obtain directives with regard to the level of observation required.

**IV. Assessment of Potentially Suicidal Inmates and Follow-up Procedures (NCCHC P-G-05)**

- A. If an inmate is referred to a mental health professional for suicide assessment and the examiner(s) determines that the inmate is not potentially suicidal:
  1. Such determination shall be documented, in writing.
  2. The housing/supervision of such inmates shall be determined by the warden or designee.
- B. If an inmate is referred to a mental health professional for suicide assessment and the examiner is unable to make a judgment regarding suicide potential, the inmate shall be managed as potentially suicidal.

**V. Housing/Placement and Supervision of Potentially Suicidal Inmates (NCCHC-P-G-05)**

- A. Inmates assessed as potentially suicidal shall be:
  1. Placed on a crisis level as approved by the mental health professional and/or department health authority and kept under observation;
    - a. The frequency and type of Observation shall be as prescribed in a written plan outlined by the health authority and documented at least once every 15 minutes. Documentation shall include completion of a monitoring form, approved by the Departmental Health Authority (example provided in Attachment A), for suicide precautions, close observation, and therapeutic restraints.
  2. Evaluated daily by mental health staff; and,
    - a. Facilities not able to provide for daily evaluation by mental health staff, shall arrange for the immediate transfer of potentially suicidal inmates to a facility where such services are available.
    - b. Inmates medical assessments by medical staff are in accordance with procedures established by the Departmental Health Authority.
    - c. Staff, including program staff, shall be informed of the inmate's status.
  3. Considered for transfer to Larned Correctional Mental Health Facility (LCMHF) (for male inmates) or Topeka Correctional Facility Mental Health Unit (TCF-MHU) (for female inmates) for further evaluation and/or for intensive mental health supervision and counseling.  
(NCCHC P-G-05)

- a. After an inmate is deemed to be potentially suicidal and is transferred to LCMHF or TCF Mental Health Unit, if staff at that facility determine it to be necessary and appropriate, transfer to Larned State Security Hospital shall be considered in accordance with IMPP 11-109. (NCCHC P-G-05)
  - (1) All inmates must be medically stable and cleared medically by the health authority before they are transferred to LCMHF or the Larned State Security Hospital.

**NOTE:** The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

#### **REPORTS REQUIRED**

None.

#### **REFERENCES**

K.A.R. 44-14-302, 44-14-307  
IMPP 01-114, 03-104, 10-117, 10-123, 11-109  
ACO 2-4E-01  
ACI 4-4373  
NCCHC P-G-05 P-E-05-P-C-04

#### **ATTACHMENTS**

Attachment A - Monitoring Sheet for Suicide Precaution/Close Observation/Therapeutic Restraints,  
1 page

Inmate Name (Last, Middle, First)	DOC#	DOB	Race/Sex	Facility
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